

## 2026 Bonus Quality Incentive Compensation Schedule

Measure	CPT II Codes	Measure Metrics <sup>☆</sup>
<b>CBP: Controlling Blood Pressure<sup>°</sup></b> <ul style="list-style-type: none"> <li>CPT II Must be submitted on a claim with an ICD-10 diagnosis for HTN</li> </ul>	3074F, 3075F, 3078F, 3079F	Members age 18 – 85 with a diagnosis of hypertension (HTN) whose blood pressure reading during an office visit was adequately controlled (<140/90 mm HG).
<b>EED: Diabetes – Eye Screening in Members with Diabetes<sup>°</sup></b> <ul style="list-style-type: none"> <li>CPT II Must be submitted on a claim with an ICD-10 diagnosis for Diabetes</li> </ul>	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F	Members age 18-75 with Yearly Diabetic Retinal Screenings. Document Yearly: Absence or Presence of Retinopathy
<b>GSD: Diabetes – Controlling Glycemic Status (HbA1c)<sup>°</sup></b> <ul style="list-style-type: none"> <li>CPT II Must be submitted on a claim with an ICD-10 diagnosis for Diabetes</li> </ul>	3044F, 3051F, 3052F	Members age 18-75 with HbA1c Goal ≤9%
<b>TRC-MRP: Medication Reconciliation s/p Inpatient Discharge<sup>°</sup></b>	1111F	Members age 18+ where the Outpatient Medication List and the Hospital Discharge Medication list were reconciled within 30 days of inpatient discharge
<b>COA (SNP): Care for older adults special needs plan only<sup>°</sup></b>	1159F+1160F, 1170F	Members age 66+ who had each of the following criteria <ul style="list-style-type: none"> <li>Functional Status Assessment (1170F)</li> <li>Medication List and Review (1159F + 1160F on same claim)</li> </ul>
<b>Medication Adherence: 100-Day Supply Dispensed</b> <ul style="list-style-type: none"> <li>Diabetes, Hypertension, and Cholesterol Medication Adherence</li> </ul>	N/A	Members enrolled in the medication adherence measures for Diabetes Medications, Hypertension (RAS antagonists), and Cholesterol (Statins) who were dispensed a 100-day supply in 2026
<b>Pharmacy Measures star ratings bonus<sup>°</sup></b> <ul style="list-style-type: none"> <li>Achieve 5.0 Rating for PCP's Membership</li> <li>Achieve 4.5 Rating for PCP's Membership</li> <li>Achieve 4.0 Rating for PCP's Membership</li> <li>Achieve YoY star rating improvement of at least 0.5 stars</li> </ul>	N/A	This is an aggregate measure composed of the following measures: <ul style="list-style-type: none"> <li><b>Medication Adherence for Diabetes</b> – Age 18+, 2+ Fills</li> <li><b>Medication Adherence for Hypertension (RAS Antagonists)</b> – Age 18+, 2+ Fills</li> <li><b>Medication Adherence for Cholesterol (Statins)</b> – Age 18+, 2+ Fills</li> <li><b>Statin Use in Persons with Diabetes (SUPD)</b> – Age 40-75, 2+ Fills</li> <li><b>Concurrent Use of Opioids and Benzodiazepines (COB)</b> – Age 18+, 2+ Fills, 15+ Day cumulative supply</li> <li><b>Poly-Pharmacy of Anticholinergic Medications in Older Adults (Poly-ACH)</b> – Age 65+, 2+ Fills</li> </ul>

<sup>☆</sup>Physician must bill appropriate CPT Category-II codes for these measures, each visit, during the measurement year.

<sup>°</sup>Physician agrees to accept ratings as determined by VIVA HEALTH.

## 2026 Comprehensive Review Form (CRF) Instructions

2026 CRF Reimbursement Schedule	
Date(s) of Service	CRF Amount
1/1/2026 – 6/30/2026 *	\$200
7/1/2026 – 12/31/2026	\$100
* If received after 8/1/2026, reimbursement reduces to \$100 for all DOS.	

### General Tips:

- ❖ Check member eligibility!
- ❖ The CRF exam is based on a **face-to-face** visit. Audio-only visits are not compliant.
- ❖ Submit claims for services rendered, including CPT Category II reporting codes.
- ❖ Complete **ALL** sections of the CRF. ***You will not be able to submit unfinished CRF's.***
- ❖ On the member's claim, please include the appropriate CPT-II codes for medication reviews, A1c and BP values, functional status assessment, advance directive counseling, fall-risk counseling, etc...
- ❖ **It is appropriate to document all conditions that affect the care, management, or medical decision making for the member, whether or not you are the treating physician.**
- ❖ Identify and note all current and pertinent historical conditions for the patient.
- ❖ Document all conditions to the highest specificity, including severity and laterality.
- ❖ Note all manifestations/late-effects/sequelae, linking them to the etiology (e.g. DM, CVA, HTN, etc.).
- ❖ Diabetic standard of care items require **CURRENT YEAR** values. HEDIS measures are due even if DM is diet controlled.
- ❖ Record a 2<sup>nd</sup> blood pressure reading if the 1<sup>st</sup> reading is beyond BP goal ranges for age and diagnosis.
- ❖ Calculate BMI value and enter on the CRF, indicating if the patient is morbidly obese (BMI 40+).
- ❖ Complete the Health Outcomes questions, including Physical and Mental Health status, ADLs, IADLs, Fall Risk, Physical Activity, Bladder Control, etc.). Perform and document member counseling and education, as appropriate.
- ❖ **Discuss the importance of preventive screenings with your patient, order tests, and set appointments.**
- ❖ Review and reconcile **ALL** medications. Document medication compliance issues.